Texas Medical Foundation
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NOTICE OF INDEPENDENT REVIEW DECISION

November 29, 2004

Requestor

Texas Health
ATTN: Clara Pou
5445 La Sierra Dr., #204
Dallas, TX 75231

Respondent

Royal Indemnity Co. c/o Cunningham Lindsey
ATTN: Tom Lang
Fax#: (512) 452-7004

RE: Injured Worker: ___
MDR Tracking #: M2-05-0122-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 24 year-old male injured his knee on ___ while working. He reports being diagnosed with torn tendons in his knee. He has been treated with therapy and medications.

Requested Service(s)

Individual psychotherapy, 1 per week for 6 weeks and Biofeedback, 1 per week for 6 weeks

Decision

It is determined that there is medical necessity for the individual psychotherapy (1 time per week for 6 weeks) and biofeedback (1 time per week for 6 weeks) to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient underwent surgical intervention for his injury and was released to return to work for 20 hours per week. He continued to have ongoing problems and was referred for a behavioral medicine consult on 07/29/04. This evaluation found an impression of adjustment disorder. The results of the Beck Depression Inventory (BDI-II) revealed severe depression and the results of the Beck Anxiety Inventory (BAI) revealed moderate anxiety.

Behavioral medicine treatment to include individual psychotherapy and formalized biofeedback training for the purpose of pain control and to facilitate an increased level of self-efficiency and self-regulation for the management of his on going problems is medically necessary. Such interdisciplinary pain interventions are effective with chronic non-malignant pain syndrome patient's to make meaningful change in emotional, cognitive, behavioral and physical issues. Therefore, the individual psychotherapy (1 time per week for 6 weeks) and biofeedback (1 time per week for 6 weeks) are medically necessary to treat this patient's medical condition.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Director of Medical Assessment

GBS:dm
Attachment

cc: ___, Injured Worker
___, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 29th day of November 2004.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for TWCC Review

Patient Name: ___

TWCC ID #: M2-05-0122-01

Information Submitted by Requestor:

- Consult
- Behavioral Medical Consult

Information Submitted by Respondent: